DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/12/2012 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER SUMMIT VIEW OF LAKE CITY, LLC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES SUMMIT VIEW OF LAKE CITY STATE, ZIP CODE 204 INDUSTRIAL PARK RD LAKE CITY, TN 37769 (X5)			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
SUMMIT VIEW OF LAKE CITY, LLC (X4) ID (X4) ID (X4) ID (X4) ID (X5) ID (X6) ID			445259	B. WING	C 04/12/2012
FREEIX TAG REGULATORY OR Iso IDENTIFYING INFORMATION) F157 A83.10(b)(11) NOTIFY OF CHANGES (INJURY/IDECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significant on the resident from of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, review of the facility's Guidelines for all review was conducted on the resident. LA review was conducted on the resident on 4/12/20/12 by the Director of Nursing and the Administration. The Fentanyl Patch Verification form was implemented in September 2011 by the Director of Nursing and the Administration form was implemented in September 2011 by the Director of Nursing and the Administration form was required to sign off every hour to identify patch placement, as a result of the pain patches rerecipied in place since the original incident, the Fentanyl Patch Verification form was rewised to reflect a q shift check while continu				204 INDUSTRIAL PARK RD	
Nounce of the section of the sesident process of the section of the sesident process of the section of the sesident process of the section of	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE COMPLETION DATE
VIVARANT DIDLATANA ON FRUVIDENSUFFLIER REFRESENTATIVES SIGNATURE 1111 INC. 1	SS=D	A facility must imme consult with the resistence or an interested fam accident involving the injury and has the pointervention; a significantly (i.e., a nexisting form of treatment); or a decist the resident from the §483.12(a). The facility must also and, if known, the resor interested family mediant in section. The facility must also and, if known, the resor interested family mediant in section. The facility must record the facility must record the address and phone and representative or the REQUIREMENT by: Based on medical receiview, review of the facility must record the facility must record the address and phone and representative or the section.	diately inform the resident; dent's physician; and if sident's legal representative ily member when there is an e resident which results in otential for requiring physician cant change in the resident's esychosocial status (i.e., a h, mental, or psychosocial reatening conditions or es); a need to alter treatment eed to discontinue an ment due to adverse commence a new form of sion to transfer or discharge facility as specified in promptly notify the resident ident's legal representative ember when there is a sommate assignment as e)(2); or a change in ederal or State law or ed in paragraph (b)(1) of ed and periodically update en number of the resident's interested family member. is not met as evidenced ord review, facility policy acility's Guidelines for	notified that there was missing Fentanyl patch 4/25/2012 by the Direct Nurses. An audit of the residents that are curre using pain patches was completed on 4/17/201 Director of Nursing. The was conducted to verify other current residents affected by this deficient practice. The audit consumers are tro 30 day review. It were no deficient practice identified during the audit Revised Guidelines for Patch Administration was implemented on April 12 by the Director of Nursing the Administrator. The Patch Verification form was implemented in Septembly the Director of Nursing the initial patches were to be missing. Two nurses were required to sign off events to identify patch placements a result of the pain patch remaining in place since original incident, the Fental Patch Verification form was revised to reflect a q shift while continuing to required to sign of the pain patch remaining in place since original incident, the Fental Patch Verification form was revised to reflect a q shift while continuing to required to sign of the pain patch remaining in place since original incident, the Fental Patch Verification form was revised to reflect a q shift while continuing to required to sign of the pain patch remaining to require the residents that had fall 3/20/2012 to 4/20/2012.	a a on on octor of a two ently a least of there oces dit. Pain as 7, 2012 and and fentanyl was beer 2011 and when found to were by hour ent, as and the tanyl was to check the tanyl was the tanyl was to check the tanyl was the t

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for rursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: GHGG11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE COMPI	ETED
	-	445259	B. WING	B. WING		C 12/2012
	PROVIDER OR SUPPLIER T VIEW OF LAKE CITY	LLC		REET ADDRESS, CITY, STATE, ZIP CODE 204 INDUSTRIAL PARK RD LAKE CITY, TN 37769		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SECONDS - CROSS-REFERENCED TO THE APPLICATION OF THE APPLIC	OULD BE	(X5) COMPLETION DATE
	Accidents and Incide Investigating and Reinvestigation, review interview, the facility the missing Fentany and failed to notify the injury for one (#5) of The findings included Resident #3 was adra, 2011, with diagnost Vascular Accident (simpairment), and Ost Medical record review (MDS) dated Octobersident had severe a scheduled pain regimoccasionally, and rate Medical record review recapitulation orders revealed, "Fentanyl one patch topically and check placement even Review of a facility investigation of the resident. Medical record to Registered the resident's pain pattersident. Medical record Administration Record 1-30, 2011, revealed to be changed September Further review of the facility revealed to the changed September Further review of the facility revealed to the changed September Further review of the facility revealed to the changed September Further review of the facility revealed to the changed September Further review of the facility in the facility revealed to the changed September Further review of the facility the facility of the facility and the facility in the facility of the facility and the facility of the facility and the facility of the fa	ents/Unusual Occurrences eporting, review of the facility of hospital records and failed to notify the family of I (pain) patches for one (#3) he physician of a fall with six residents reviewed. d: nitted to the facility on June ses including Cerebral troke), Dysphasia (speech teoarthritis. I of the Minimum Data Set 10, 2011, revealed the cognitive impairment, on a sen, experienced pain and pain moderate. I of the physician's dated September 2011 25 mcg (microgram) apply d change every 72 hours by shift" Testigation dated September September 24, 2011, at ractical Nurse (LPN) #3 I Nurse (RN) Supervisor #1, ch was missing from the red review of the Medication (MAR) dated September the pain patch was due to the 24, 2011, at 9:00 a.m.		were a total of 13 residents tha		
	revealed oil Septembe	11 24, 2011, at 1.30 μ.III.,		ractice.		

STATEMEN AND PLAN	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 157	LPN # 5 observed the the Nurse Practitions order to replace the	ne pain patch missing; notified er (NP); and received an	F 157	b. A review was conducted on the residents that had falls from 3/20/2012 to 4/20/2012. There was a total of 13 residents that were reviewed as a part of this audit. The audit was conducted	14.5		
	dated September 26 had two pain patches 24, 2011, and one or revealed the family w Fentanyl Patches.	, 2011, revealed the resident is missing-one on September in September 25, 2011, and was not notified of the missing		by the Director of Nurses to identify any one that did not have the physician or nurse practitioner notified. The results of the audit proved that there were no residents identified that			
	April 3, 2012, at 1:38 room, confirmed the family of the missing	16 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -		the physician or the nurse practitioner was not notified. 3. a. The Director of Nursing and the Administrator created a revision of the Guidelines for Pain Patch Administration. The			
	29, 2010, with diagno Disease, Dysphagia, Degenerative Joint Di	nitted to the facility on June ses including Alzheimer's lron Deficiency Anemia, sease, Dementia, sion, Chronic Pain, Allergic		new guideline was implemented on April 17, 2012 to address notification of any medication changes and specifically		77.27.4	
	Rhinitis, history of Ana Medical record review 13, 2011, revealed the	of the MDS dated October resident had a fall with prior MDS dated August 5,		addressed the removal of a patch. There was also a Fentanyl Patch Verification form that was created by the Director of Nursing and implemented in	4		
i t 2	Medical record review reatment dated June		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	September 2011 when the initial patches were found to be missing. Two nurses were equired to sign off every hour o identify patch placement, as result of the pain patches emaining in place since the			
L 2	icensed Practical Nur.	se (LPN) #9 dated July 31, b.m., day shift) revealed,	F	riginal incident we revised the entanyl Patch Verification form o reflect a q shift check while		24 L. 7	

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	iii e ffi P	soundingdressed i onfull range of moi (signs or symptoms) appreciatedUnable (secondary) to res (r Will monitor closely Medical record review documentation (physician was notified by the condition of the condition o	n gown. No shoes or socks tion all extremities. No s/s discomfort to do orthopedic for resident esident) inability to stand. " w and review of the sician/Nurse Practitioner (NP) ician notification dated July either the NP nor the dof the fall. v of a nurse's note dated aled NP #2 was notified to ight hip, leg, knee and foot. v of the NP note dated aled, "Nurses noted that ms to be rotated inward ney also said that she then the right leg is moved. days ago on the floor beside the right hip and right knee with the right leg rotated of ecchymosis with some surface of the right when this area was ay report dated August 5, te femoral neck teoporosis" of a nurse's note dated 15 p.m., revealed the		to verify placement. All nursing staff was in-serviced by the Administrator and the Director of Nursing or designee. All clinical staff was in-serviced on The Guidelines for Pain Patch Administration Policy regarding a change in condition of a resident by 4/20/2012. b. There was a chart audit conducted by the Director of Nurses to identify any other resident that did not have the physician or nurse practitioner notified in the event of a fall. The results of the audit proved that there were no residents that the physician or the nurse practitioner was not notified. The Administrator and the Director of Nurses reviewed the Guidelines for Accidents and Incidents / Unusual Occurrences- Investigating and Reporting Policy, and The Guidelines for Pain Assessment Policy to ensure that the current policies effectively address how to notify medical personnel in the case of a fall with injury. There was Pain Screening Form, a Fall Decision Tree, and a Resident Assessment Tree that was created and added to the incident report to provide additional guidance to correctly complete incident reports. These tools all address how to		

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Review of a hospital operative report dated August 6, 2011, revealed, "Right total hip arthroplasty82-year-oldwith Dementia who fell at the nursing home ontoright hiphad persistent pain and reluctance to bear weight on the legwas eventually brought to the emergency department, where x-rays demonstrated the presence of a subacute displaced femoral neck fracture" Medical record review of a nurse's note dated August 10, 2011, revealed the resident returned to the facility on August 10, 2011. Review of the facility's policy for physician notification revealed, "The facility will notify Physicianof an (a) change in status in (a) timely manner. 1.) All incidents with/without injuries/change in resident condition will be reported to MD (Medical Doctor)/NP2.) Any incident, which there is no injury noted upon assessment, which occurs after hours may be place(d) on NP board for notification, (At) any time a significant change is noted, notification will result immediately." Review of the facility's "Guidelines for Accidents and Incidents/Unusual Occurrences Investigating and Reporting" revealed, "The following data, as applicable, shall be included on the Accident/Incident Investigation Report, Resident Abuse Investigation Report FormThe time the injured person's Attending Physician was notified, as well as the time the physician was notified, as well as the time the physician was notified, as well as the time the physician was notified.	the event ursing or gned to atch ce a week dentify if tified in the in patch. ing or assigned reports e months which the e informed dents and

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F1	Interview on April 2, conference room, w (DON) confirmed LF	ge 5 or her instructions" 2012, at 1:10 p.m., in the ith the Director of Nursing PN #9 failed to notify the of the fall on July 31, 2011.	F 157			
	Interview on April 3, DON confirmed LPN resident "on the boa and confirmed LPN failure to notify the p	2012, at 10:50 a.m., with the I #9 "lied" about placing the rd" to notify the NP of the fall #9 was terminated after hysician and the oncoming well as failure to accurately		The state of the s		
F 22 SS=		EGLECT/MISAPPROPRIAT		1. Residents #1, 2, and 3 w all reimbursed for the prope that was unable to be recove by 4/10/2012. An audit of the	ered.	4/25/12
	policies and procedu	t, and abuse of residents		two residents that are currer using pain patches was completed by 4/17/2012 by Director of Nursing. The aud was conducted to verify that other current residents were	the lit : no	
	by: Based on medical repolicy, review of facilit interview, the facility fa	ailed to prevent the ain medications for three		affected by this deficient practice. The audit consisted a retro 30 day review. There were no deficient practices identified during the audit. Revised Guidelines for Pain Patch Administration was mplemented on April 17, 201	12	
	The findings included:	w.	: t	by the Director of Nursing an the Administrator. The Fental Patch Verification form was mplemented in September 20	nyí	

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M 2 ir	October 16, 2008, w Dementia, Depression Medical record review (MDS) dated Septem "Pain Intensityon being no pain and terimagine" Further rethe resident responded Medical record review recapitulation orders 2011, revealed, "Fe (micrograms) 1 patch 72 hours. Check place Medical record review September 2, 2011, re Nursing) notified (Nursentanyl patch was mare sident)facility phare discontinuation of patch (discontinuation of patch (discontinued)chang sulfate) ER (extended po (per mouth) Bid (two Resident #2 was admitted and the sulfate of	Indirected to the facility on ith diagnoses including on and Osteoarthritis. In wo of the Minimum Data Set on the 16, 2011, revealed a zero to ten scale, with zero of as the worst pain you can eview of the MDS revealed and "eight". In wo of the physician's dated September 1-30, antanyl 50 (pain) mcg topically and change every ement every shift" In of a progress note dated evealed "DON (Director of se Practitioner #1) that issing (from the macist notifieddiscussed chpatch was D/C ed to MS (morphine release) 60 mg (milligram) ince daily)" Itted to the facility on July 5, on October 3, 2011, with ongestive Heart Failure,		by the Director of Nursing the initial patches were for be missing. Two nurses we required to sign off every to identify patch placement a result of the pain patches remaining in place since the original incident, the Fenta Patch Verification form was revised to reflect a q shift of while continuing to require nurses to verify placement. 2. An audit of the two reside that are currently using pain patches was completed on 4/17/2012 by the Director of Nursing. During the audit conducted by the Director of Nursing there were no paties identified that was affected the deficient practice 3. The Director of Nursing at the Administrator created a revision of the Guidelines for Pain Patch Administration. The mey guideline was implement on April 17, 2012 to address notification of any medication changes and specifically addressed the removal of a patch. There was also a Fentanyl Patch Verification for that was created by the Director of Nursing and implemented September 2011 when the impatches were found to be missing. Two nurses were required to sign off every hour to identify patch placement, as a second of the patches were found to be missing. Two nurses were required to sign off every hour to identify patch placement, as	and to ere nour t, as see nyl scheck two lents of fents by nd check to in the letted in the letted in the letted in the letted in the letter i		

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	one could imagine. Medical record revier recapitulation orders 2011, revealed, "F topically w/ (with) 12 72 hours check place. Review of a facility in revealed on Septem Licensed Practical N replace the Fentanyl was placed on the resident seed. In patch to the Register #1. Resident #3 was adm 3, 2011, with diagnost Vascular Accident (stimpairment) and Oste Medical record review 10, 2011, revealed the cognitive impairment, regimen, experienced rated pain moderate. Medical record review recapitulation orders of the recapitulation	ew of the physician's stated September 1-30, sentanyl 25 mcg apply 1 patch mcg=37 mcg change every ement each shift" Investigation (undated) ber 24, 2011, at 9:00 a.m., lurse (LPN) #4 started to patch, and the patch, which esident on September 21, ocated on the resident or in LPN #4 reported the missing led Nurse (RN) Supervisor mitted to the facility on June les including Cerebral troke), Dysphasia (speech eoarthritis. Involve of the MDS dated October lesident had severe on a scheduled pain lipain occasionally, and	F2	a result of the pain premaining in place soriginal incident we Fentanyl Patch Verifit to reflect a q shift che 4/18/2012 while con require two nurses to placement. All nursing staff was by the Administrator Director of Nursing o by 4/20/2012. All instantion Policy the identification and of a pain patch were by 4/20/2012. 4. The Director of Nurdesignee will be assigned will be assigned audit the Fentanyl Pat Verification forms oncompliance with the Fentanyl Patch Verification policy procedure. The Director Nursing will also review Accidents and Incident Unusual Occurrences-Investigating and Report once a week for three and they will be review.	ince the revised the cation form leck on tinuing to o verify in-serviced and the redsignee services for ain Patch regarding placement completed raing or ned to the a week a audit will left and the retard or of we the test /		
i i	patch topically and cha placement every shift.	ange every 72 hours check	- 1	monthly Quality Assura Meeting for three mont ensure compliance with	ince ths to n family		
18	Review of the facility in September 26, 2011, in 2011, at 9:00 a.m., LP	revealed on September 24,		and medical staff notification. The review of these reposed to verify accurate.	oorts will		

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	F PROVIDER OR SUPPLIER	, LLC		2	REET ADDRESS, CITY, STATE, ZIP CODE 104 INDUSTRIAL PARK RD LAKE CITY, TN 37769			
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F 22-	missing from the res record review of the Record (MAR) dated revealed the pain pa September 24, 2011 of the facility investig	esident's pain patch was sident when checked. Medical Medication Administration September 1-30, 2011, atch was due to be changed, at 9:00 a.m. Further review pation revealed on September	F 2	224	to ensure the resident's property is protected.	3		
	pain patch missing;	n., LPN # 5 observed the notified the Nurse eived an order to replace the		t the second	x			
	April 2, 2012, at 10:0 room, confirmed the	ministrator and the DON on 0 a.m., in the conference facility failed to prevent the pain medications for three #3).						
	a.m., with the Admini- replacement charges patches for residents Medicare Part D, and charged a twenty perc interview confirmed the missing patch for resi- Medicare Part D, and for a co-pay. Continual Administrator revealed discussed the charges residents with the pha- was adjusting the cred	for the missing pain #1 and #3 were billed to the two residents were cent co-pay. Continued he replacment charge for the dent #2 was billed to the resident was not billed hed interview with the d the Administrator had to insurance and the macy, and the pharmacy						
F 225 SS=D	C/O #29506 483.13(c)(1)(ii)-(iii), (c) INVESTIGATE/REPO ALLEGATIONS/INDIV	RT	F 225	all th by	Residents #1, 2, and 3 were I reimbursed for the property at was unable to be recovered 4/10/2012. The state survey am identified that residents		4 25 12	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
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F 22:	The facility must not been found guilty of mistreating resident had a finding entere registry concerning a of residents or misal and report any know court of law against indicate unfitness for other facility staff to or licensing authoritic. The facility must ensinvolving mistreatme including injuries of unisappropriation of rimmediately to the act to other officials in act through established particulations are thorough established prevent further potentinvestigation is in profit investigation is in profit in the administrator of representative and to with State law (includicertification agency) with the state of the state of the end of the state of the state of the end o	t employ individuals who have abusing, neglecting, or s by a court of law; or have d into the State nurse aide abuse, neglect, mistreatment oppopriation of their property; ledge it has of actions by a an employee, which would r service as a nurse aide or the State nurse aide registry es. ure that all alleged violations nt, neglect, or abuse, inknown source and esident property are reported diministrator of the facility and cordance with State law procedures (including to the diffication agency). The evidence that all alleged that investigated, and must that abuse while the gress. Stigations must be reported of this designated other officials in accordance ing to the State survey and within 5 working days of the eged violation is verified		#1, 2, and 3 were affected by this deficient practice. 4 residents were reviewed during an audit that spanned from 3/20/2012 to 4/20/2012 that reviewed the concern and complement logs as well as the missing item form by the Administrator on 4/20/2012 audit was conducted to identicate anyone else that may be affected by the deficient practice. There was an investigation that was conducted by the Administration and the Director of Nursing of the pain patch that was missifor resident #3. The Administrator and the Director of Nursing created and implemented The Guidelines for Pain Patch Administration Politor address that standard procedures, Fentanyl patch monitoring, and the discontinuation of fentanyl patches. All nursing staff was serviced on The Guidelines for Pain Patch Administration Politor the Director of Nursing, the Administrator or designee by 4/20/12. There were no other residents found to be affected by this deficient practice. 2. An audit of the two resident that are currently using pain	he This ify or n or cy		
	This REQUIREMENT by:	is not met as evidenced		patches was completed on 4/17/2012 by the Director of Nursing. During the audit			

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	r 22 (77 MS NF n p to 66	Based on medical repolicy, review of the interview, the facility Department of Health Enforcement of the resident of the reviewed. The findings included Resident #1 was read October 16, 2008, with Dementia, Depression Medical record reviewed (MDS) dated Septem "Pain Intensityon a being no pain and ten imagine" Further resident responder the resident responder the resident responder (Medical record reviewed) (Medical reco	ecord review, review of facility facility investigation and failed to notify the State in and Local Law misappropriation of Fentanyl ree residents (#1, #2, and #3) estigate the misappropriation one (#3) of six residents It dmitted to the facility on the diagnoses including in and Osteoarthritis. If of the Minimum Data Set ber 16, 2011, revealed a zero to ten scale, with zero as the worst pain you can view of the MDS revealed deight. If of the physician's lated September 1-30, intanyl (pain) 50 mcg topically and change every ement every shift" of a progress note dated vealed "DON (Director of e Practitioner #1) that ssingfacility pharmacist continuation of (discontinued)changed e) ER (extended release)	t in the second	conducted by the Director of Nursing there were no patients identified that was affected by the deficient practice. Four residents were reviewed during an audit that spanned from 3/20/2012 to 4/20/2012 that reviewed the concern and complement logs as well as the missing item form by the Administrator on 4/20/2012. The logs were reviewed to identify any residents that were missing property and the items were not returned to them. There were no other residents found to be affected by this deficient practice. 3. All staff was in-serviced on the Elder Justice Act, and the clinical staff was in-serviced on the policy associated with the Pain Patch Administration Guidelines. All the in-services were conducted by the Administrator, the Director of Nursing and designee by 1/20/2012. The focus of the inervice was misappropriation of resident property and how to properly report misappropriation of the Elder Justice Act. The State reporting guidelines were reviewed by the Administrator of the Director of Nursing for arification of reporting for arification of reporting		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED
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2010, and readmitted diagnoses including of Dysphasia, Anxiety and Medical record review 2, 2012, revealed the intact, experienced pays as rated a five where with zero being no pays one could imagine. Medical record review recapitulation orders of 2011, revealed, "Fell topically w/ (with) 12 no 72 hours check placer. Review of a facility inversident, and the patch on the resident, and the patch on the resident on Sephe located on the resided Registered Nurse (RN). Resident #3 was admit 3, 2011, with diagnoses vascular Accident (stroimpairment) and Osteo. Medical record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the recognitive impairment, we will record review of 10, 2011, revealed the record review of 10, 2	nitted to the facility on July 5, d on October 3, 2011, with Congestive Heart Failure, and Chronic Back Pain. It of the MDS dated January resident was cognitively ain occasionally and pain ask, on a zero to ten scale in and ten as the worst pain of the physician's dated September 1-30, and ten as the worst pain and ten as the worst pain of the physician's dated September 1-30, and ten as the worst pain of the physician's dated September 1-30, and ten as the worst pain of the physician's dated September 1-30, and ten as the worst pain of the physician's dated September September 24, 2011, at ractical Nurse (LPN) #4 Fentanyl patch on the notion, which had been placed attember 21, 2011, could not lent or in the resident's the missing patch to the Supervisor #1. It de to the facility on June is including Cerebral oke), Dysphasia (speech arthritis. If the MDS dated October resident had severe	F 2	responsibilities on 4/18/2012. The Director of Nursing and the Administrator created a revision of the Guidelines for Pain Patch Administration. The new guidelines were implemented on April 17, 2012 to address notification of any medication changes and specifically addressed the removal of a patch. The Administrator and the Director of Nurses reviewed the Guidelines for Accidents and Incidents / Unusual Occurrences- Investigating and Reporting Policy, and The Guidelines for Pain Assessment Policy to ensure that the current policies effectively addressed how to notify medical personnel in the case of the discovery of a missing fentanyl patch. 4. The Administrator, the Director of Nursing, or designee will review the concern and complement logs, the missing items report, and the pain screening form weekly for three months for the residents that have fentanyl patches. These forms will be reviewed for accuracy to ensure compliance with the required reporting guideline referenced in the Elder Justice. These findings will be reviewed in the Monthly Quality Assurance Meetings for three months.	

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	F 22	Continued From 100	10	1	, d				
	44			F 2	25				
		rated the pain as mo	oderate.		1 1				
	*	2011, revealed, "Fo	dated September 1-30, entanyl 25 mcg apply one hange every 72 hours check						
		5	v 20 2 2 2 2		1 1				
		2011, at 9:00 a.m., L Supervisor #1 the res missing from the resi of the Medication Adr dated September 1-3 patch was due to be a 2011, at 9:00 a.m. Fu investigation revealed 7:30 p.m., LPN # 5 fo	revealed on September 24, PN #3 reported to RN sident's pain patch was dent. Medical record review ministration Record (MAR) 0, 2011, revealed the pain changed September 24, urther review of the facility I on September 24, 2011, at und the pain patch missing; actitioner; and received a						
		Relative To Notificatio Covered Individual's C suspected Crimes Und no date revealed "re suspicion of a crime coresidentto the state's Police Department" Review of the facility "E (no date) revealed "C	der The Elder Justice Act port the reasonable committed against a survey agencyLake City Employee Notice" policy Covered individual is an oyeemanagercovered of both State Survey		Street of the Contract of the				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 22	Interview with the Adapril 2, 2012, at 10:0 Room, confirmed the State Agency and Lomissing Fentanyl pa #2 and #3).	dministrator and the DON on 00 a.m., in the Conference e facility failed to notify the ocal Law Enforcement of the tches for three residents (#1,	F 225			
	Interview with the DON on April 3, 2012, at 1:30 p.m., in the conference room, confirmed the facility failed to investigate and the DON had no knowledge of the missing pain patch for resident #3 on September 25, 2012, at 7:35 p.m.					
F 281 SS=D	PROFESSIONAL ST	ICES PROVIDED MEET ANDARDS d or arranged by the facility hal standards of quality.		1. Resident #4's Medication Administration Records was reviewed for accuracy on 4/18/2012 by the Director of Nursing. There was no other missed dose of medication that		ulzeliz
	by: Based on medical red	0.7.		was discovered as of 4/20/2012. A chart review was conducted on 3 of the patients that received IM injections for increased agitation in the last 30 days. During the investigation no other residents were found to be affected by		
1.2	Resident #4 was admi January 6, 2012, and r 2012, with diagnoses i Dementia, Anxiety and Medical record review	tted to the facility on readmitted on February 27, ncluding Vascular Depressive Disorder.	ti 2 4, 4, pi id	his deficient practice. An audit was conducted on /18/12 and completed on /20/2012 on the current hysician orders related to sychiatric IM medications to entify anyone else that may		-11 S. T.
	(MDS) dated February resident had severe co	gnitive impairment, had		e affected by this deficient ractice. A chart review was		1.00

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 28	inattention, disorgan of consciousness co Medical record revie February 27, 2012, r	ge 14 ized thinking, an altered leve ntinuously and delusions. w of the care plan dated evealed "Alzheimer's ssive behaviorsphysical	F 28	conducted on 3 of the patients that received IM injections for increased agitation in the last 30 days. During the investigation no other residents were found to be affected by this deficient practice. 3. All clinical staff was in-			
	and verbal behaviors Medical record review order dated February revealed "5 mg (mi (antipsychotic) Inj (inj agitation.	w of a physician's telephone 2, 2012, at 10:00 p.m., lligram) Geodon ection) now" for extreme		serviced by the Administrator, the Director of Nursing, or designee on the policy regarding following physician's orders by 4/20/2012. The Administrator and the Director of Nursing reviewed the Administrating Medication			
	Medical record review Administration Record 1-19, 2012, revealed mg was administered	d (MAR dated February no documentation Geodon 5		Guidelines policy on 4/18/2012 to ensure the policy accurately reflected following MD orders for medication administration		. 73	
	Review of the facility p Medication Guidelines revealed "medication a timely manner and in attending physician's v	" revised April 2008, ns must be administered in a accordance with the		orders. 4. Physician's orders will be reviewed in the morning Quality Assurance meetings for three months. The unit mangers will	*		
	2012, at 1:00 p.m., in to confirmed Geodon 5 m	ctor of Nursing on April 2, he Conference Room, ng was not administered on rdered by the physician.		ensure that current orders are executed properly, by reviewing the orders in the morning Quality Assurance Meeting. Two nurses will be required to sign			
F 309 SS=G	HIGHEST WELL BEIN	G ·	F 309	off on the orders and the unit managers will be responsible for ensuring that the orders are properly executed. The finding			
				will be reviewed in the Monthly Quality Assurance meeting for three months by the Administrator, the Director of Nursing, or designee.			

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F 309	р	ge 15 comprehensive assessment	F 30	1. a. Resident #5's chart was reviewed on 4/18/2012 by the Director of Nursing to ensure that there were no other delays in treatment. A review was conducted on the residents that		માજાાટ
	This REQUIREMENT is not met as evidenced by: Based on medical record review, review of hospital records, review of the facility investigation, review of facility policy, observation and interview the facility failed to assess the impact of a fall for one resident (#5) resulting in a delay in treatment and a delay in the administration of pain medication and failed to ensure physician's orders were followed for the			had falls from 3/20/2012 to 4/20/2012. There were a total of 13 residents that were reviewed as a part of this audit. The audit was conducted by the Director of Nurses to identify any resident that did not have the physician or nurse practitioner notified. The results		
	administration of naro (Fentanyl patch) for or reviewed. The facility for residents #5 and #	cotic pain medication one (#2) of six residents or's failure resulted in harm f2.		of the audit proved that there were no residents that the physician or the nurse practitioner was not notified. The Administrator and the		
	29, 2010, with diagno Disease, Dysphagia, Degenerative Joint Di Hypertension, Depres	itted to the facility on June ses including Alzheimer's fron Deficiency Anemia, sease, Dementia, sion, Chronic Pain, Allergic tiety and Galt Disorder.		Director of Nurses reviewed the Guidelines for Accidents and Incidents / Unusual Occurrences- Investigating and Reporting Policy, and The Guidelines for Pain Assessment		
i c a t	(MDS) dated May 13, had no difficulty focusi disorganized thinking; assistance with activiti	of the Minimum Data Set 2011, revealed the resident ng attention and no required extensive es of daily living including on and had no limitation in		Policy to ensure that the current policies effectively address how to notify medical personnel in the case of a fall with injury on 4/18/2012. There was a Pain Screening Form, a Fall Decision Tree, and a Resident Assessment Tree that was		¥ :&
1	3, 2011, revealed the	of the MDS dated October resident had difficulty disorganized thinking; was	1	created and added to the incident report to provide additional guidance to correctly and more accurately complete		

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F 30	not ambulatory; had range of motion in the fall with major injury dated August 5, 201 Medical record review treatment dated June 2011, revealed the resident fifteen feet to the Medical record review dated July 29, 2011, having pain. Medical record review recapitulation orders the Medication Admir dated July 1-31, 2011 received no pain medical record review -6:00 p.m.) nurse's not Nurse (LPN) #9 dated "found in floor in seasoundingdressed in onfull range of motion (signs or symptoms) of appreciatedUnable to (secondary) to res (resident's condition the resident's condition the resident's condition in the resident's condition in the resident's condition the resident's condition in the resident's condition in the resident's condition the resident's condition in the resident's condition the resident the resid	impairment in functional ne lower extremity; and had a since the most recent MDS 1. w of the restorative plan of e 1-30, 2011, and July 1-31, astorative staff ambulated the hree times a week. w of a pain assessment revealed the resident denied of the physician's dated July 1-31, 2011, and histration Record (MAR) and the resident denied of the physician's dated July 31, 2011, revealed the resident denied of the physician's dated position. Alarm gown. No shoes or socks on all extremities. No s/s discomfort of the physician's notes dated July dealed no documentation of nurses' notes d		incident reports. All clinical states was in-serviced by the Administrator, the Director of Nursing or designee on the policy regarding following physician's orders by 4/20/2012. The Administrator and the Director of Nursing reviewed the Administrating Medication Guidelines policy on 4/18/2012 to ensure the policy accurately reflected following MD orders for medication administration orders. b. Resident #2 orders are now being followed. The Director of Nursing performed a chart review of the past 30 days to ensure that resident #2's orders were being followed on 4/17/2012. An audit of the two residents that are currently using pain patches was completed on 4/17/2012 by the Director of Nursing. The audit was conducted to verify that no other current residents were affected by this deficient practice. The audit consisted of a retro 30 day review. There were no deficient practices identified during the audit. Revised Guidelines for Pain Patch Administration was implemented on April 17, 2012 by the Director of Nursing and the Administrator. The Fentanyl Patch Verification form was	2. e	
		o. a. naroo o noto dated	1.	implemented in September 2011_		

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	(NP) was asked to be leg, knee and foot. Medical record revie August 5, 2011, reversition a recent fall. The seems to have paint of She was found a few her bed; nobody with and complained where palpatedsits with wardhas an area edema on the plantate footalso complained palpated" Review of a facility x-2011, revealed, "action fracturemoderate of the second review August 5, 2011, at 100 resident was transported" Review of a hospital haugust 6, 2011, revealed, "Jufracture status post fait Review of a hospital x-2011, revealed, "con	ealed the Nurse Practitioner heck the resident's right hip, w of the (NP) note dated saled, "Nurses noted that eans to be rotated inward they also said that she when the right leg is moved. If days ago on the floor beside essed the fallmade a face in the right hip and right knee with the right leg rotated of ecchymosis with some surface of the right diwhen this area was tray report dated August 5, ute femoral neck steoporosis" If of a nurse's note dated the ted to the hospital. Istory and physical dated led, "Apparently, the ly 31, 2011)Right hip I 6 days ago" Fray report dated August 6, inplete fracture through the	F 309	by the Director of Nursing when the initial patches were found to be missing. Two nurses were required to sign off every hour to identify patch placement, as a result of the pain patches remaining in place since the original incident, the Fentanyl Patch Verification form was revised to reflect a q shift check while continuing to require two nurses to verify placement. 2. a. An audit of the incident reports that included falls was reviewed for the last 30 days on 4/18/2012 to ensure that other residents with incidents reports were assessed properly and were not affected by this deficient practice. A review was conducted on the residents that had falls from 3/20/2012 to 4/20/2012. There were a total of 13 residents that were reviewed as a part of this audit. The audit was conducted by the Director of Nurses to identify any resident that did not have the physician or nurse practitioner notified. The results of the audit proved that there were no residents that the ohysician or the nurse		
r	ight femoral neck in th	ne subcapital erior) displacement of the t. Valgus (outward)		oractitioner was not notified. The Administrator and the Director of Nurses reviewed the Guidelines for Accidents and Incidents / Unusual Docurrences- Investigating and		

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,581,105,1515	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 30	Review of a hospital August 6, 2011, revealed the nursing home persistent pain and the legwas eventual department, where a presence of a subactificature" Medical record review the resident returned 2011. Medical record review 10-31, 2011, revealed medication) 5/325 mg every 4-6 hours as neadministered on Augumg was administered 2011; and Lortab 5/50 every six hours from a Review of the facility promanaging falls revealed licensed staff assessed investigates the cause Assessment/Investigate documentation will inconsess assessment every shift interview on April 2, 20 conference room, with (DON) revealed LPN # fall on July 31, 2011, both assess the resident for the fall; failed to complete.	I operative report dated ealed, "Right total hip ar-oldwith Dementia who fell ontoright hiphad reluctance to bear weight on ally brought to the emergency crays demonstrated the aute displaced femoral neck who of a nurse's note revealed to the facility on August 10, who of the MAR dated August of Lortab (narcotic pain of (milligrams) 1-2 tablets eaded for pain was cust 11, 2011; Lortab 5/500 litwice daily from August 1-5, 200 mg was administered August 6-27. 2011. Dolicy (guidelines) for ead, "If a fall occurs, the est for injury and then a using a Post Fall tion Report FormPost fall lude vital signs and fit for 72 hours"		Reporting Policy, and The Guidelines for Pain Assessment Policy to ensure that the current policies effectively address how to notify medical personnel in the case of a fall with injury. There was Pain Screening Form, a Fall Decision Tree, and a Resident Assessment Tree that was created and added to the incident report to provide additional guidance to correctly and more accurately complete incident reports. b. An audit was conducted on 100% of the residents that utilize pain patches on 4/18/2012 to identify any other residents that could be affected by this deficient practice. An audit of the two residents that are currently using pain patches was completed on 4/17/2012 by the Director of Nursing. As a result of the audit there were no others identified to be affected by this deficient practice. 3. All nursing staff was in- serviced on the proper execution of the Guidelines for Accidents and Incidents / Unusual Occurrences- Investigating and Reporting Policy by the Administrator, the Director of Nursing or designee by 4/20/2012. They were also in-serviced on how to properly assess a resident fall when an impact is identified. All clinical			

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	report. Continued in confirmed the reside fall," and LPN #9 fail and failed to make p fall. Continued intenhad no falls between 2011, when the reside fractured hip. Review of the hospite 6, 2011, and interview a.m., in the conference confirmed the resider "extreme pain" with the transfers after the fall resulted in the fracture confirmed if the residen communicate pain du would have had nonvegrimacing. Continued confirmed the residen "immediate anteversichip" following the fract. Interview on April 3, 20 conference room with Supervisor #3 and RN residents who fell were pain or signs of injury fithe fall. Medical record review 2012, at 10:50 a.m., in the DON confirmed the assessed for pain or signs eventy-two hours after	fall on the 24 hour nursing terview with the DON on the suffered harm from the ed to document appropriately roper notifications after the view confirmed the resident July 31, 2011, and August 5 tent was assessed with the lat x-ray report dated August on April 3, 2012, at 9:00 be room with the NP of the would have been in urning, repositioning and on July 31, 2011, which ed hip. Continued interview ent was unable to verbally the to Dementia, the resident erbal signs of pain including interview with the NP the would have had an on (internal rotation) of the ure. 2012, at 10:20 a.m., in the Registered Nurse (RN) Supervisor #4 confirmed to assessed every shift for or seventy-two hours after and interview on April 3, the conference room with resident was not	The section of the se	staff will be in-serviced on the amendments to the original Fentanyl Patch Administration Procedure by the above stated as well. Two nurses will be required to verify the placement of the pain patches by way of signature, and they will be required to verify the presence of the patch q shift with the relieving administering nurse. These verifications will be kept on a form designed to designate the existence of the patch, medication effectiveness, and the location to ensure the patch is readily identifiable. 4. 95% of all Incident Reports and Physician's orders will be reviewed in the morning Quality Assurance meetings going forward to ensure compliance is being met. The unit mangers will ensure the orders are executed properly, as a part of their daily duties. The results will be reviewed in the Monthly Quality Assurance meeting for three months by the Administrator, the Director of Nursing, or designee for compliance. Compliance will be measured by the proper notification of medical personnel in the event that a fall is dentified to avoid a delay in reatment, and that physician orders are being properly		

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F 309	confirmed LPN #9 " resident accurately	ge 20 could not have assessed" the after the fall on July 31, 2011, N #9) was terminated."	F 309	followed to prevent future had to other residents.	rm		
	2010, and readmitted diagnoses including	mitted to the facility on July 5, d on October 3, 2011, with Congestive Heart Failure, and Chronic Back Pain.					
1	2, 2012, revealed the intact, experienced p was rated a five when	w of the MDS dated January e resident was cognitively ain occasionally and pain n ask, on a zero to ten scale ain and ten as the worst pain			å		
	2011, revealed "Fer (microgram) apply 1 p	dated September 1-30, ntanyl (pain) 25 mcg patch topically w/ (with) 12 every 72 hours check					
(order dated Septembe discontinue) Fentany	xtended Release) 60 mg		e e e e e e e e e e e e e e e e e e e			
S "- I	September 27, 2011, a Held Morphine on 8 ethargiccould not sit pm medshad to be pen mouth and sip wa	of a nurse's note dated at 9:20 p.m., revealed, pm med passvery up. Administered all other reinforced x (tmes) 5 to aterslurred speechvery to be jerking on (right) side	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 000 000	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445259	B. WING_		04/	C 12/2012	
	PROVIDER OR SUPPLIER T VIEW OF LAKE CITY	LLC	- 2	REET ADDRESS, CITY, STATE, ZIF 204 INDUSTRIAL PARK RD LAKE CITY, TN 37769	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	of body. Attempted not obtain for pt. (pa Medical record revie September 27, 2011 "placed call to NP & signs)B/P (blood p	ge 21 to obtain pulse ratecould tient) jerking arms" w of a nurse's note dated , at 9:35 p.m., revealed, (and) notified of vs (vital ressure) 96/46NP wanted fects of Morphine) 0.4 ml	F 309				
	September 27, 2011 ml Narcan administe response to Narcan informed ofrespons	e. NP then advised to go // (with) sending pt to ER				5.	
	dated September 28, September 26, 2011, Morphine ER 60 mg a Fentanyl patches. Co resident was "slow to	LPN #5 administered and failed to remove the ontinued review revealed the					
	October 3, 2011, reversacility because of brain hypotensionrecently was thought possibly to Narcan at the nursing improvedcame to oupressure was 140/59 in the ER, her heart report again. Her heart responses to the second sec	started on MS Contin and o have an overdosegiven home and her vital signs					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		445259	B. WING	<u> </u>	- 04/1	C 12/2012
	PROVIDER OR SUPPLIER VIEW OF LAKE CITY	, LLC	204	ET ADDRESS, CITY, STATE INDUSTRIAL PARK RD KE CITY, TN 37769		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
	another dose of Nationce again about 2-dropped againstartimespoke with the apparently health witaken off the fentany reasonsdid resporthe next 24 hours widrip" Medical record reviet October 3, 2011, at a resident returned to ambulance. Interview with the DOp.m., in the conferent Fentanyl patch was rethe physician on Sepadministration of Mortransferred to the host	rcanimproved again and 3 hours latervital signs ted on a Narcan drip at that a nursing home and se the patients have been all patches for safety and to the Narcan drip and over as able to be taken off of the w of a nurse's note dated 3:00 p.m., revealed the the facility by way of DN on April 3, 2012, at 1:05 ce room, confirmed the not removed as ordered by tember 26, 2011, prior to the ophine; the resident was spital and the facility's policy	F 309			
	for pain medication w	as not followed.				